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SUBJECT: SUBSTANCE ABUSE TREATMENT, HIV/AIDS AND HCMC'S DRUG REHABILITATION CENTERS

REF: A) HCMC 132; B) HCMC 160

11. (SBU) Summary. HCMC is struggling to provide effective substance abuse and medical treatment for injecting drug users, one of the principal vectors of the HIV/AIDS epidemic in Vietnam. HCMC maintains 21 rehabilitation centers for roughly 30,000 drug addicts, who are administratively -- and often involuntarily -- assigned to the centers for detoxification, follow-up treatment and vocational training. Of these 30,000, at least 50 percent are HIV positive. Personal drug use and commercial sex work in Vietnam are administrative rather than criminal offenses; control of these cases falls to local governments, not the criminal courts. Officials responsible for managing the program privately tell us that their model for substance abuse treatment is not working, with recidivism rates approaching 95 percent within 18 months, posing a real public health risk from both drug abuse and HIV/AIDS transmission perspectives. They say they are ready to try new approaches, including substitution therapy for drug addicts, so long as foreign and domestic partners -- including religious organizations -- can provide needed technical, personnel and financial assistance. End Summary.

DRUG ABUSE, HIV/AIDS AND REHABILITATION CENTERS

12. (U) With 20,000 reported HIV infections, 10,000 persons diagnosed with AIDS and another possible 45-50,000 HIV infections unreported, Ho Chi Minh City has the highest prevalence of HIV/AIDS of all provinces and provincial-level cities in Vietnam, according to Dr. Tran Thinh, Vice-Director of the HCMC HIV/AIDS Committee. On March 30, Thinh told the Ambassador that, according to the results of the HIV sentinel surveillance system in HCMC, intravenous drug use is the most common method of HIV transmission and as many as 80 percent of injecting drug users in HCMC may be HIV positive.

13. (SBU) The high prevalence of HIV among injecting drug users presents a distinct challenge for preventing the spread of HIV/AIDS and treating victims of drug abuse. The largest accessible pool of HIV-infected victims is in the city's 21 drug and prostitution rehabilitation centers, which house approximately 30,000 residents. According to HCMC administrators of the centers, between 85 and 90 percent of the residents are injecting drug users. Case workers report that at least 50 percent, and perhaps up to 70 percent, of injecting drug users in the rehabilitation centers are HIV positive.

14. (SBU) Placing addicts in rehabilitation centers is the established method for managing drug abuse in Vietnam. In Vietnam, there are 84 rehabilitation centers for over 62,000 drug users and commercial sex workers. Mr. Nguyen Van Minh, Vice-Director of HCMC's Department of Labor, Invalids and Social Affairs (DOLISA), which administers HCMC's rehabilitation centers, told us that the majority of the centers' residents are administratively ordered to enter the rehabilitation program. He explained that after village or commune-level authorities become aware that a member of their community is using drugs, they will notify the individual's family and encourage the victim to seek treatment. If the individual continues to use drugs after several months of local intervention, the case is referred to a consultative committee of the local People's Committee. (Our DOLISA contacts added that families often petition local authorities to assign their addicted relatives to the rehabilitation centers.) If the village-level committee recommends admittance to a rehabilitation center, the case is referred to the district level People's Committee, which will make the final decision. There is no appeals procedure nor does the detainee have right to legal counsel as the process is an administrative, and not criminal, in nature. (Under Vietnamese law, commercial sex work and intravenous drug use normally are not considered criminal offenses, but are "social evils" that government must combat. Repeat drug offenders who have been through the rehabilitation program could be criminally prosecuted and imprisoned for two to five years.) Minh added that police are not involved in the administration of the rehabilitation centers.

15. (SBU) Our contacts maintain that the administrative process that assigns addicts to rehabilitation centers has adequate checks and balances. They say that if Vietnam had no administrative process, most addicts eventually would be prosecuted under the criminal system. They argue that injecting drug users require

addiction and HIV/AIDS therapy irrespective of whether they are in a rehabilitation center, prison or another treatment facility.

16. (U) Upon entering a rehabilitation center, residents receive a medical examination and treatment for existing medical conditions. Managers of the centers told us that HIV testing is voluntary and not part of the overall medical exam. The patient usually spends the first ten days of treatment in a hospital or clinic while going through detoxification. Traditionally, drug users are detained for up to two years while commercial sex workers are detained for three to eighteen months. Residents spend their time working, receiving vocational training, and attending primary school classes, if needed. Vocational training programs include welding, sewing, farming, and engine and automotive repair. Our visits to a number of rehabilitation centers showed the facilities to be generally well-managed, not oppressive but spartan.

REHAB PROGRAM NOT SUCCESSFUL

17. (SBU) DOLISA representatives in HCMC and in the neighboring province of Binh Duong tell us that they estimate the recidivism rate is between 85 and 95 percent for IDUs released from the centers. They say the high recidivism rate is due to the lack of reintegration programs to support residents returning to the community. They add that local governments cannot afford substitution maintenance therapy -- methadone -- for addicts; this also hinders the success rate for rehabilitation.

18. (SBU) In response to the high recidivism rate and what HCMC officials believe is the prohibitive cost of substitution maintenance therapy, HCMC extended the rehabilitation period for injecting drug users from two to four years. HCMC officials tell us that during the first two years of the program, residents stay in a traditional rehabilitation center. During the third and fourth years of detention, residents transfer to a "Stage Two Center," where they receive paid employment, vocational training, and further education. Both state-owned enterprises (SOEs) and private companies, including cashew processing and garment companies, have set up factories within the Stage Two centers. Employed residents are paid monthly or weekly, depending on the terms of their labor contract, and officials say that wages are commensurate with similar jobs outside the centers. Residents may place their earnings in savings accounts or purchase goods and services at stores within the centers. The residents of the rehabilitation centers did not have the right to appeal the two-year extension of their detention period.

19. (SBU) HCMC officials explained to us that the goal of the new initiative is to isolate injecting drug users from access to drugs for a longer period of time in hopes of giving them time to break their addiction as well as to give residents the time to acquire more marketable skills, which would ease their reintegration into the community. HCMC authorities are awaiting the results of the release of the first group of residents in late 2005. Prime Minister Phan Van Khai has praised the HCMC initiative and has indicated that, if successful, the GVN would encourage other provinces to follow suit.

HIV/AIDS WITHIN REHABILITATION CENTERS

10. (SBU) Our contacts readily acknowledge that most rehabilitation centers are not equipped to treat AIDS or the serious opportunistic infections AIDS causes. Anti-retroviral (ARV) treatment and veritable voluntary counseling and testing (VCT) are not currently available at any centers, though some centers have residents who have been tested prior to entry based on their ability to afford the test. (Some centers in the north test all of their residents, but disclosure is not the norm.) In Ho Chi Minh City, most residents are not tested for HIV/AIDS until they show symptoms of the disease and are transferred to a hospital or clinic for treatment. As a result, many individuals in the centers are unaware of their HIV status and are often released without receiving any counseling or testing. Additionally, our contacts in DOLISA say that the city has been hard-pressed to recruit qualified health care providers to work at the city's rehabilitation centers. Most centers are located in the countryside in neighboring provinces, where doctors and nurses are unwilling to relocate. Additionally, the centers offer lower salaries and fewer opportunities for career advancement than private practice.

11. (U) To begin addressing this need, in December 2004, DOLISA opened an HIV/AIDS clinic at HCMC's Trong Diem Rehabilitation Center -- the first clinic of its kind within a rehabilitation center in Vietnam. The city has invested over \$650,000 in the 300-bed clinic and plans to expand the clinic within two years into a 1,000-bed hospital capable of treating AIDS patients from all 21 of the city's rehabilitation centers. DOLISA had been unable to find qualified doctors and nurses to work at the Trong Diem clinic. In response, the city administration broke new ground by inviting the Catholic Church to provide doctors and nurses for the clinic. According to its HCMC Vice-Director, DOLISA would like to expand its cooperation with the Catholic Church; the Vice-Director of the HCMC HIV/AIDS Committee similarly told the Ambassador that

Trong Diem exemplified the future of public-private partnership in HCMC.

COMMENT

112. (SBU) Government officials in HCMC and in neighboring provinces privately admit that their rehabilitation centers have not been successful in treating substance abuse and preventing HIV. Some have expressed skepticism that extending the length of stay in rehabilitation centers from two to four years will make a meaningful reduction in recidivism. However, they argue that cash-strapped local governments cannot afford substitution therapies and that addicts, if released after two years, would pose a clear public risk from drug abuse, crime and HIV/AIDS transmission perspectives. HCMC authorities are eager to find ways to improve testing, care, treatment, and prevention activities within the city's rehabilitation centers. They tell us that they are ready to cooperate with foreign and domestic groups to improve substance abuse and HIV/AIDS treatment. This includes the use of substitution maintenance therapy for drug addicts if funding is provided for such programs. They also seek partnerships to deal with follow-up HIV treatment and community reintegration of rehabilitation center graduates.

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